

TRANSMITTAL FORM

(to be used for correspondence after initial filing)

OCT 06 2005

Total Number of Pages in this Submission

9

Application Number

10/802,504

Filing Date

03/16/2004

First Named Inventor

Richard Henry Erving

Group Art Unit

2646

Examiner Name

Swerdlow, Daniel

Attorney Docket Number

2000-0675CON

Enclosures (check all that apply)

- ☒ Fee Transmittal Form
☐ Fee Attached
☒ Amendment / Response
☐ After Final
☐ Affidavits / Declaration(s)
☐ Extension of Time Request
☐ Express Abandonment Request
☐ Information Disclosure Statement
☐ Certified Copy of Priority Document(s)
☐ Response to Missing Parts under 37 CFR 1.52 or 1.53
☐ Response to Missing Parts/Incomplete Application

- ☐ Assignment & Recordation Cover Sheet
☐ Drawing(s) & Letter to Official Draftsman
☐ Licensing-related Papers
☐ Petition to the Commissioner
☐ Petition to Convert a Provisional Application
☐ Power of Attorney, Revocation Change of Correspondence Address
☒ Terminal Disclaimer
☐ Request for Refund

- ☐ After Allowance Communication to Group
☐ Appeal Communications to Board of Appeals and Interferences
☐ Appeal Communications to Group (Appeal Notice, Brief, Reply Brief)
☐ Proprietary Information
☐ Status Letter
☒ Return Receipt Postcard
☐ CD, Number of CDs
☐ Additional enclosure(s) (please identify below)

Remarks Response to Official Action of July 7, 2005

CORRESPONDENCE ADDRESS


☒ Customer Number or Bar Code Label

Customer Number - 26652

or ☐ Correspondence address below


| | | | | | |
|---------|--------------------------|-------|------------|----------|--------------|
| NAME | Samuel H. Dworetzky | | | | |
| ADDRESS | AT&T CORP. One AT&T Way | | | | |
| CITY | Bedminster | STATE | New Jersey | ZIP CODE | 07921 |
| COUNTRY | United States of America | | | FAX | 908-532-1281 |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

| | | | |
|-----------|---|--------|------------|
| NAME | Robert T. Canavan | Reg. # | 37592 |
| TELEPHONE | 908-707-1568 | | |
| SIGNATURE |  | DATE | 10/04/2005 |

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage thereon as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: 10/04/2005

| | | | |
|----------------------|---|------|------------|
| Type or Printed Name | Mary J. Curch | | |
| Signature |  | Date | 10/04/2005 |

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

FEE TRANSMITTAL

Patent Fees are subject to annual revision.

**TOTAL AMOUNT
OF PAYMENT** **\$130***Complete if Known*

| | |
|----------------------|----------------------|
| Application Number | 10/802,504 |
| Filing Date | March 16, 2004 |
| First Named Inventor | Richard Henry Erving |
| Examiner Name | Swerdlow, Daniel |
| Group/Art Unit | 2646 |
| Attorney Docket No. | 2000-0675CON |

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number 01-2745
 Deposit Account Name AT&T CORP.

☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 ☐ Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing Date of the Notice of Allowance

FEE CALCULATION**1. FILING FEE**

| Large Fee Code | Entity Fee(\$) | Fee Description | Fee Paid |
|----------------|----------------|--|----------|
| 1001 | 300 | Utility(37CFR 1.53(b)) / CPA(37CFR 1.53(d)) Filing Fee | |
| 1002 | 200 | Design Filing Fee | |
| 1004 | 300 | Reissue Filing Fee | |
| 1005 | 200 | Provisional Filing Fee | |

SUBTOTAL (1)**2. CLAIMS**☐ Filing Under 37CFR 1.53 (b)☐ CPA Under 37CFR 1.53 (d)☒ Amendment

| | Extra Claims | Fee from below | Fee Paid |
|---------------------------|--------------|----------------|----------|
| Total - 20 = | 0 | 50 | 0 |
| Ind. - 3 = | 0 | 200 | 0 |
| Multiple Dependent Claims | | 300 | 0 |

| Large Fee Code | Entity Fee(\$) | Fee Description |
|----------------|----------------|--|
| 1202 | 50 | Claims in excess of 20 |
| 1201 | 200 | Independent Claims in excess of 3 |
| 1203 | 360 | Multiple Dependent Claims |
| 1204 | 200 | ** Reissue independent claims in excess of 3 |
| 1205 | 50 | ** Reissue claims in excess of 20 |

** or number previously paid, if greater; for Reissues, see above

SUBTOTAL (2)**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

| Large Fee Code | Entity Fee(\$) | Fee Description | Fee Paid |
|----------------|----------------|--|----------|
| 1051 | 130 | Surcharge - late filing fee or oath | |
| 1052 | 50 | Surcharge - late provisional filing fee or cover sheet | |
| 1053 | 130 | Non-English specification | |
| 1812 | 2520 | For filing a request for reexamination | |
| 1804* | 920 | Requesting publication of SIR prior to Examiner action | |
| 1805* | 1840 | Requesting publication of SIR after Examiner action | |
| 1251 | 120 | Extension for response within first month | |
| 1252 | 450 | Extension for response within second month | |
| 1253 | 1020 | Extension for response within third month | |
| 1254 | 1590 | Extension for response within fourth month | |
| 1255 | 2160 | Extension for response within fifth month | |
| 1401 | 500 | Notice of Appeal | |
| 1402 | 500 | Filing a brief in support of an appeal | |
| 1403 | 1000 | Request for oral hearing | |
| 1504 | 300 | Publication fee for early, voluntary, or normal publication | |
| 1452 | 500 | Petition to revive - unavoidable | |
| 1453 | 1500 | Petition to revive - unintentional | |
| 1501 | 1400 | Utility issue fee (or reissue) | |
| 1502 | 800 | Design issue fee | |
| 1460 | 130 | Petitions to the Commissioner | |
| 1807 | 50 | Processing fee for provisional applications | |
| 1806 | 180 | Submission of Information Disclosure Statement | |
| 8021 | 40 | Recording each patent assignment per property (times number of properties) | |
| 1809 | 790 | Filing a submission after final rejection (37 CFR 1.129(a)) | |
| 1810 | 790 | For each additional invention to be examined (37 CFR 1.129(b)) | |
| 1801 | 790 | Request for Continued Examination (RCE) | |
| 1802 | 900 | Request for expedited exam of a design application | |

Other fee (specify):
Statutory disclaimer

130

SUBTOTAL (3) **130****SUBMITTED BY**

Typed or Printed Name John Etchells

Complete (if applicable)

Reg. Number

Signature

Date

Deposit Account User ID

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